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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) CNA Financial Corporation Citizens for Good Government 151 N. Franklin St ADDRESS (number and street) 9th Floor (Check if address is changed) Chicago 60606 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS heather.davis@cna.com (Check if address is changed) Optional Second E-Mail Address amanda.liebl@cna.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00078287 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Coffey, Michael, P.,, Type or Print Name of Treasurer Coffey, Michael, P.,, [Electronically Filed] 05 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

ı	FEC <b>Fo</b> i	<b>rm 1</b> (Revised 02/2009)	Page <b>2</b>
		OMMITTEE  Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name	e of didate		
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
		committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.		
	4.		

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Write or Type Committee N			_	
CNA Financia	al Corporation Citizen	s for Good	Governr	ment
6. Name of Any Connected	ed Organization, Affiliated Committee, J	loint Fundraising Rep	resentative, or I	_eadership PAC Sponsor
CNA Financial Corp	ooration			
		1 1 1 1 1 1 1 1		
	151 N. Franklin St., 9th Floor			
Mailing Address	ATTN: Heather Davis			
				60606
	Chicago			
	CITY		STATE	ZIP CODE
Relationship: 🗶 Conne	ected Organization Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
books and records.  Gome: Full Name  Mailing Address	2z, Denise, , ,  151 N. Franklin St.  9th Floor  Chicago			50606
T11 D 11	OLT)			710 0005
Title or Position	CITY		STATE	ZIP CODE
Custodian of Records		Telephone nun	312 	
3. <b>Treasurer:</b> List the name any designated agent (e.	e and address (phone number optional) g., assistant treasurer).	of the treasurer of the	committee; and	I the name and address of
Full Name Coffey of Treasurer	, Michael, P., ,			
Mailing Address	151 N. Franklin St.			
	10th Floor	<u>                                     </u>		<u></u>
	Chicago			60606
	CITY		STATE	ZIP CODE
Title or Position Treasurer	I		.   312	822   4376
		Telephone num	nber	

FEC Forn	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Liebl, Amanda, , ,	
Mailing Address	151 N. Franklin Street	
	10th Floor	
	Chicago IL 60606  CITY STATE ZII	P CODE
Title or Position Assistant Treasu	urer	2
satety deposit bo	oxes or maintains funds.	
Name of Bank, [	Depository, etc.  JPMorgan Chase  Chase Tower, 10 S. Dearborn	1 1 1 1 1 1
Name of Bank, [	JPMorgan Chase	
	JPMorgan Chase	
	JPMorgan Chase  Chase Tower, 10 S. Dearborn  Chicago  IL 60603	P CODE
	JPMorgan Chase  Chase Tower, 10 S. Dearborn  Chicago  IL 60603  CITY  STATE  ZI	P CODE
Mailing Address	JPMorgan Chase  Chase Tower, 10 S. Dearborn  Chicago  IL 60603  CITY  STATE  ZI	P CODE
Mailing Address	JPMorgan Chase  Chase Tower, 10 S. Dearborn  Chicago  IL 60603  CITY  STATE  ZI	P CODE
Mailing Address  Name of Bank, D	JPMorgan Chase  Chase Tower, 10 S. Dearborn  Chicago  IL 60603  CITY  STATE  ZI	P CODE
Mailing Address  Name of Bank, D	JPMorgan Chase  Chase Tower, 10 S. Dearborn  Chicago  IL 60603  CITY  STATE  ZI	P CODE

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This amendment is to update the committee officers.

Form/Schedule: Transaction ID:

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g) c	or(h). <b>Joint Fundraisin</b>	g Participant:		
,	1.	 	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Sponsor
	LOEWS CORPOR	RATION PUBLIC AFFAIRS COMMIT	TEE	
	Mailing Address	667 MADISON AVENUE		
		ATT: CORPORATE SECRETARY		
		New York	, NY	10065
	Relationship:	CITY A	STATE A	ZIP CODE ▲
			t Fundraising Representa	
		- Juniace Summae	Transfering Hopresente	Leadership 1770 opensor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
		1	elephone Number	
9.				
	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	the committee deposits	s funds, holds accounts, rents
		aintains funds.	the committee deposits	s funds, holds accounts, rents
	safety deposit boxes or ma	aintains funds.		s funds, holds accounts, rents
	Name of Bank, Depository, etc.	aintains funds.		s funds, holds accounts, rents
	Name of Bank, Depository, etc.	aintains funds.		s funds, holds accounts, rents

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) or	(h). Joint Fundraising	Participant:	
	1.		FEC ID number
	2.		FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number
6. I		Organization, Affiliated Committee, Joint Fundrais C Public Affairs Committee (Boardwall	
	Mailing Address	9 Greenway Plaza Suite 2800	
		Houston	TX 77046
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint Fu	ndraising Representative Leadership PAC Sponsor
8. <b>[</b>	Designated Agent: Identify	by name, address (phone number - optional)	
	= " N		
	Full Name		
	Full Name		
		CITY A	STATE ▲ ZIP CODE ▲
	Mailing Address	CITY A	
S	Mailing Address  TITLE OR POSITION  Banks or Other Depositorical Safety deposit boxes or main	CITY  Telep  es: List all banks or other depositories in which the	STATE A ZIP CODE A
s	Mailing Address  TITLE OR POSITION  Banks or Other Depositori	CITY  Telep  es: List all banks or other depositories in which the	STATE A ZIP CODE A
s	Mailing Address  TITLE OR POSITION  Banks or Other Depositoric pafety deposit boxes or maile and the safety	CITY  Telep  es: List all banks or other depositories in which the	STATE A ZIP CODE A
s	Mailing Address  TITLE OR POSITION  Banks or Other Depositoring Safety deposit boxes or mail Name of Bank, Depository, etc.	CITY  Telep  es: List all banks or other depositories in which the	STATE A ZIP CODE A
s 1	Mailing Address  TITLE OR POSITION  Banks or Other Depositoring Safety deposit boxes or mail Name of Bank, Depository, etc.	CITY  Telep  es: List all banks or other depositories in which the	STATE A ZIP CODE A